

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0012408

DOCUMENT # N97000000601

1. Entity Name

THE SANCTUARY OF GOD HOLINESS CHURCH APOSTOLIC F
AITH, INC.



Principal Place of Business

4501 NORTH 42ND STREET
TAMPA FL 33610

Mailing Address

4501 NORTH 42ND STREET
TAMPA FL 33610

2. Principal Place of Business

3. Mailing Address

10008 N 9th St

Suite, Apt., etc.

Suite, Apt., etc.

City & State

City & State

Tampa FL

Zip

Country

Zip

33612

Country

USA

4. FEI Number 52-2089159

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOLBERT, ALFONSO
1338 FOXBORO DRIVE
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name

TOLBERT ALFONSO

Street Address (P.O. Box Number is Not Acceptable)

2216 E. IDA. ST.

City

Tampa

FL

Zip Code

33610

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JULIA ANN TOLBERT	
STREET ADDRESS	1811 E 28TH AVE	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE		<input type="checkbox"/> Delete
NAME	WAYNE WILLIAM	
STREET ADDRESS	2912 E 32ND AVE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME	LINDA RUTH WILLIAMS	
STREET ADDRESS	2912 E 32ND AVE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alfonso Tolbert
Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-03

(813) 727-3195

Date

Daytime Phone #

FILED

03 SEP 15 PM 12:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

04-17-03 01048 007
55056194



☐ CHECK HERE IF MAKING CHANGES

CR2E037 (4/03)